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PTO/SB/33 (09-04)
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/814,211
Filing Date	03-22-2001
First Named Inventor	Fetzer
Art Unit	
Examiner Name	
Attorney Docket Number	016741-00080

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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The reasons for this request are: Client has rendered the representation unreasonably difficult

Client has failed substantially to perform an obligation related to the lawyer's services

Approved
Jaqueline M. Stone
FEB 18 2005
Jaqueline M. Stone, Director
Technology Center 1700

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kelly Fetzer		
Address	2010 Deer Springs Drive		
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Signature	<i>John Wilson Jones</i>		
Name	John Wilson Jones	Registration No.	31,380
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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